

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Mayday PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00562587	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>DSPolitical</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 14 / 2014</b>		
Mailing Address <b>901 New York Ave NW</b> <b>Suite 470 East</b>			Amount <b>14426.25</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001-4432</b>	Transaction ID : <b>VNV0C9PZM80</b>		
Purpose of Expenditure <b>Digital Ad Buy</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 14 / 2014</b>		
Name of Federal Candidate <b>David Young</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>342151.46</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>DSPolitical</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 14 / 2014</b>		
Mailing Address <b>901 New York Ave NW</b> <b>Suite 470 East</b>			Amount <b>49117.13</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001-4432</b>	Transaction ID : <b>VNV0C9PZM72</b>		
Purpose of Expenditure <b>Digital Ad Buy</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 14 / 2014</b>		
Name of Federal Candidate <b>Richard Weiland</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>SD</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>462529.13</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>63543.38</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mark McKinnon

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 16 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Mayday PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00562587	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Buying Time, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 14 / 2014</b>		
Mailing Address <b>650 Massachusetts Ave NW</b> <b>Ste 210</b>			Amount <b>67906.00</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001-3728</b>	Transaction ID : <b>VNV0C9PZM64</b>		
Purpose of Expenditure TV Advertising Buy		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 14 / 2014</b>		
Name of Federal Candidate <b>Richard Weiland</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>SD</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>462529.13</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Buying Time, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 14 / 2014</b>		
Mailing Address <b>650 Massachusetts Ave NW</b> <b>Ste 210</b>			Amount <b>309285.00</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001-3728</b>	Transaction ID : <b>VNV0C9PZM56</b>		
Purpose of Expenditure TV Advertising Buy		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 14 / 2014</b>		
Name of Federal Candidate <b>David Young</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>342151.46</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>377191.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Mark McKinnon

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Date

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FOR SE OF FORM 24/48			

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee <b>CD2 Consulting</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 9 Miecaskly Dr		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City New Gloucester	State ME	Zip Code 04260-4669	Amount 8500.00
Purpose of Expenditure Estimated TV and Digital Ad Production Costs		Category/ Type <input type="text"/>	Transaction ID : VNV0C9PZMA6 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate David Young		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>CD2 Consulting</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 9 Miecaskly Dr		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City New Gloucester	State ME	Zip Code 04260-4669	Amount 5040.21
Purpose of Expenditure TV and Digital Ad Production Costs		Category/ Type <input type="text"/>	Transaction ID : VNV0C9PZM98 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate David Young		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text"/>

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Mark McKinnon

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Date

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